

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 20 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
 Township Pine
 City St. Louis (No. 1033,
6113)

Registration District No. 1033
 Primary Registration District No. 6113

File No. 22889
 Registered No. 22889
 St. St. Louis Ward 10

2. FULL NAME

(a) Residence, No. St. Louis St. St. Louis Ward 10
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathaniel Francis Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19th 1884

7. AGE YEARS 78 MONTHS 00 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Joseph M. Cummings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "unknown" Missouri

15. MAIDEN NAME Elizabeth Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "unknown" Missouri

17. INFORMANT Nathaniel Francis Scott (ADDRESS) Blue Eye, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Cemetery DATE June 12 1934

19. UNDERTAKER Geo. S. Nelson (ADDRESS) Butler Cemetery

20. FILED 6/12 1934 Chester D. Scott Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934, 1934, to June 10 1934, 1934

I last saw her alive on June 10 1934, Death in said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

"Unknown" Date of onset

Other contributory causes of importance

Name of operation 200 Date of 200

What test confirmed diagnosis 200 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 200 Date of injury 200

Where did injury occur? 200 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 200

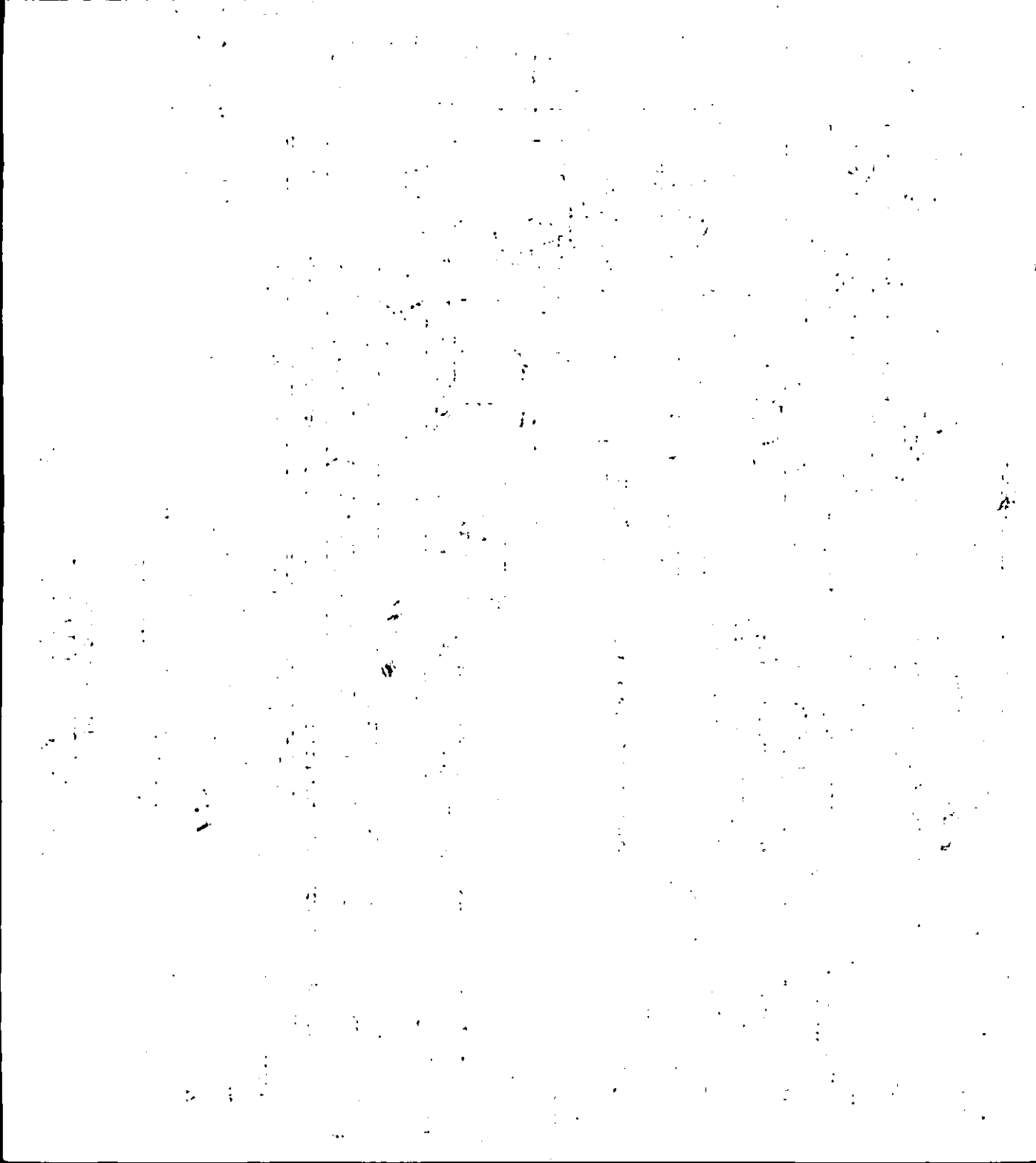
Nature of injury 200

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 200

(Signed) Geo. Miller M. D.

(Address) Blue Eye, Mo.



WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Monerice Josephine Scott
 Who died at _____ on _____
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex 7 Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 78 Months 0 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Probable Cause Heart Disease,

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 700

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Chester D. Scott

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. J. Mc Gaugh M.D.
 S.C.

Reg. Dist. No. 1033

Primary Reg. Dist. No. 6113

Special Agent.

68822-5